



Town of Abington

OFFICE OF BOARD OF HEALTH

500 GLINIEWICZ WAY
ABINGTON, MA 02351

TEL.: (781) 982-2119 • FAX (781) 982-2127

APPLICATION FOR OUTSIDE DINING/ SIDEWALK CAFE

LOCATION

Property Address: _____

Name of Establishment: _____

APPLICANTS NAME: _____ Phone # _____

SEATING

Total # of Seats Existing _____

Total # of Seats Proposed _____
(Total means overall number of seats indoors and outdoors)

FACILITIES/ EQUIPMENT

of Restrooms Provided _____

Size of Grease Trap _____

Air Curtains (Yes or No) _____

Hose Bib (Yes or No) _____

Screens (Yes or No) _____

Brief Description of Seating Arrangement, Type of Furniture Proposed, Hours of Operation, Projected Opening and Closing Dates

I/we the undersigned certify that the above information which I/we provided is correct. I/we have read and fully understand the procedures as established by the Town of Barnstable in accordance with Chapter II, Article 8, Section 2 of the General Bylaws and the Board of Health Regulation #14, and further understand that failure to comply with said procedures may result in the immediate revocation of this permit.

Signature of Applicant(s): _____ Date: _____

_____ Date: _____

IMPORTANT - PLEASE REMEMBER TO INCLUDE:

- _____ 3 Copies of the Neatly Drawn Sketch Plan of the Outside Dining Area Showing Separation Distances to Curbing, Trees, Rubbish Containers and any other Obstacles in Pedestrian Walkway
- _____ 3 Copies of Pictures of the Proposed Outside Dining Location (Front and Side Views)
- _____ 1 Copy of the Menu

THIS SECTION BELOW IS FOR OFFICIAL USE ONLY

Town Manager Approval: _____

Licensing Board Approval: _____

License Agreement: _____

Public Health Division: _____

Certificate of Insurance: _____

Comments: _____

BOARD OF HEALTH REGULATION, PART II, SECTION 1.00, #14, Requirements a through n

(a) The applicant shall file a written request for outside dining or for an outside cafe on a form prescribed by the Town and shall submit plans of the proposed dining area. The seating capacity shall be determined by the Board of Health after a determination is made whether requirements "b" through "n" below will be met and after a visual inspection is conducted by an agent of the Board of Health. A replacement food establishment permit shall be issued by the Board of Health indicating "outside dining" is permitted and listing the overall seating capacity, only after it is determined by an agent of the Board of Health that all of the requirements "a" through "n" of this Regulation #14 are met.

(b) A menu shall be submitted to the Board at the time of application.

(c) The dining area must be appurtenant and contiguous to the restaurant property. The dining area must be mentioned on the described premises as in the case of a Common Victualler's License.

(d) Sufficient restrooms, both for customers and employees, must be furnished counting the additional outside seating as required by the State Plumbing Code and Town of Barnstable Health regulations.

(e) A grease trap shall be of sufficient capacity, based upon 15 gallons per seat, as required by the State Environmental Code, Title V, and Town of Barnstable Health Regulations. A grease recovery device may be installed to supplement an existing inground grease trap, after receiving the approval of the Board of Health.

(f) All entrance and exit doors used by food service personnel and customers must be screened and provided with air curtains meeting National Sanitation Foundation standards. All windows or openings used for the transfer of food will be screened and provided with air curtains. Food cannot be stored or kept outside. All food must be prepared inside the facility's kitchen and kept inside until served.

(g) A drainage system designed to eliminate odors will be required for all outdoor dining areas. Hose bibs with vacuum breakers must be available for washing down the dining area.

(h) Trash dumpsters shall be situated no closer than 50 feet from an outdoor dining area. If such a dumpster is in the line of sight from the dining area, it must be hidden from view. The area around the dumpster and stockade must be kept clean and free of litter. Dumpsters must be closed with adequate covers designed to prevent entrance of rodents and birds and sealed to control odors.

(i) The patio or other ground surface must be constructed of material readily cleanable and not susceptible to dust, mud, or debris. (Brick, tile, and concrete are examples of acceptable materials).

(j) Table tops must be smooth, non-porous, easily cleanable and durable; and readily maintained in a clean and sanitary condition.

(k) Food service personnel must constantly police the dining area for waste paper, garbage and other trash. Placement clips, cup holders and other such devices must be utilized to prevent blowing paper. Covered trash receptacles must be provided in close proximity to the dining area and must be emptied as needed to prevent overflowing.

(l) Strict clean-up practices must be adhered to. Waitstaff and buspersons must clean up after each patron as in indoor dining. Each establishment must abide by all regulations contained in Article X, Minimum Sanitation Standards for Food Service Establishments, of the Commonwealth of Massachusetts, Department of Health Sanitary Code.

(m) Outside food handlers must have easy access to handwash sinks and cleaning cloths. Facilities for preparation and disposal of sanitizing solutions must be accessible.

(n) Hair nets or other effective hair restraints, such as hats covering exposed hair, shall be worn by all

FOR MAIL-IN APPLICATIONS

outside food or drink handlers. Beards and mustaches must be neatly trimmed.

Please mail a completed application form to the address below.

Please include:

- _____ 3 Copies of the Neatly Drawn Sketch Plan of the Outside Dining Area Showing Separation Distances to Curbing, Trees, Rubbish Containers and any other Obstacles in Pedestrian Walkway
- _____ 3 Copies of Pictures of the Proposed Outside Dining Location (Front and Side Views)
- _____ 1 Copy of the Menu

Our mailing address is:

Town of Abington Board of Health
500 Gliniewicz Way
Abington, MA 02351